

# EXECUTIVE COUNCIL

## Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 2

Name of Person Attending: Bryce Berg Working Title: Administrator

Department: Revenue Division/Bureau/Section: Revenue Operations Division

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Des Plaines, IL Dates of Travel: June 22-23, 2011

Funding Source: ☒ Appropriated State: 100 % ☐ Federal:      % ☐ Other:      % If Other, Specify:       
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$150.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:     

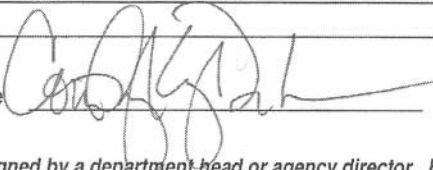
Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute)     

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)     

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.     

The employee traveled to Des Plaines, IL in order to assist in the closing of the field office. Office furniture and equipment were transported back to Des Moines.     

Department Director Signature  Date: 7/5/11

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

### **Additional information to assist you in completing this form.**

**See Fact Sheet for more complete information.**

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

**APPROVED**  
**Executive Council**

**JUL 11 2011**

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*Please answer all of the questions listed below.*

Number of People on Trip: 2

Name of Person Attending: Scott Lockwood

Working Title: Revenue Examiner 3

Department: Revenue

Division/Bureau/Section: Revenue Operations Division

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: X (If No, you do not need this waiver)

City (Cities) Traveling To: Des Plaines, IL Dates of Travel: June 22-23, 2011

Funding Source: ☒ Appropriated State: 100 % ☐ Federal:      % ☐ Other:      % If Other, Specify: \_\_\_\_\_  
(If the appropriated state funds are 0% - you do not need this waiver)

**Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc):** \$150.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval?    No: ☐    Yes: ☐    If Yes, Date: \_\_\_\_\_

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties (Cite the specific statute) \_\_\_\_\_
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) \_\_\_\_\_
- ☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

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